



## APPLICATION FOR BUSINESS TAX LICENSE

ALL QUESTIONS MUST BE ANSWERED COMPLETELY. INCOMPLETE AND UNSIGNED APPLICATIONS WILL DELAY PROCESSING.  
FOR ASSISTANCE, PLEASE CONTACT YOUR LOCAL COUNTY CLERK OR DESIGNATED CITY OFFICIAL.

1. INDICATE THE CLASSIFICATION IN WHICH YOU ARE REGISTERING. CLASSIFICATION IS DETERMINED BY THE DOMINANT BUSINESS ACTIVITY. INDICATE ONLY ONE CLASSIFICATION.

\_\_\_\_\_ Classification 1A    \_\_\_\_\_ Classification 1C    \_\_\_\_\_ Classification 2    \_\_\_\_\_ Classification 4  
\_\_\_\_\_ Classification 1B    \_\_\_\_\_ Classification 1D    \_\_\_\_\_ Classification 3    \_\_\_\_\_ Classification 5

2. REASON FOR APPLYING:

☐ 1. New business    ☐ 2. Additional location    ☐ 3. Purchase of existing business

3. DATE BUSINESS BEGAN IN TENNESSEE AT THIS LOCATION: \_\_\_\_\_

4. BUSINESS NAME AND EXACT LOCATION

BUSINESS NAME

STREET, HIGHWAY (DO NOT USE P.O. BOX NUMBER OR RURAL ROUTE NUMBER)

CITY                      STATE                      ZIP CODE

5. BUSINESS MAILING ADDRESS

NAME (ENTER LEGAL NAME, IF DIFFERENT)

P.O. BOX, STREET, ROUTE, OR HIGHWAY

CITY                      STATE                      ZIP CODE

6. COUNTY IN WHICH BUSINESS IS LOCATED

IS BUSINESS LOCATED INSIDE A TENNESSEE CITY LIMITS?

☐ NO    ☐ YES

(If Yes, Name of City) \_\_\_\_\_

7. BUSINESS TELEPHONE NUMBER

(    ) \_\_\_\_\_

BUSINESS FAX NUMBER

(    ) \_\_\_\_\_

8. CONTACT PERSON'S NAME

CONTACT E-MAIL ADDRESS

9. ENTER FEDERAL EMPLOYER'S IDENTIFICATION #

\_\_\_\_-\_\_\_\_

☐ APPLIED FOR  
☐ NOT REQUIRED

10. CURRENT SALES TAX NUMBER FOR THIS BUSINESS LOCATION

\_\_\_\_-\_\_\_\_

☐ APPLIED FOR  
☐ NOT REQUIRED

11. TYPE OF OWNERSHIP (SELECT ONE):

☐ PROPRIETORSHIP    ☐ HUSBAND/WIFE OWNERSHIP    ☐ OTHER  
☐ PARTNERSHIP    ☐ CORPORATION    ☐ LIMITED LIABILITY COMPANY

12. TENNESSEE SECRETARY OF STATE IDENTIFICATION #, IF APPLICABLE

13. DESCRIBE THE BUSINESS ACTIVITY AT THIS LOCATION, STATING THE MAJOR PRODUCTS AND/OR SERVICES SOLD:

14. IDENTIFY OWNERS, OFFICERS, OR PARTNERS

(1) NAME

HOME TELEPHONE #

SOCIAL SECURITY #

HOME ADDRESS (DO NOT USE P.O. BOX #)

CITY

STATE

ZIP CODE

(2) NAME

HOME TELEPHONE #

SOCIAL SECURITY #

HOME ADDRESS (DO NOT USE P.O. BOX #)

CITY

STATE

ZIP CODE

15. THE STATEMENTS MADE ON THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. (THIS APPLICATION MUST BE SIGNED BY THE INDIVIDUAL OWNER, A PARTNER, OR AN OFFICER OF THE CORPORATION. THE SIGNATORY MUST ALSO BE LISTED IN ITEM 14.)

SIGN

HERE:

SIGNATURE of OWNER, PARTNER, or OFFICER (DO NOT PRINT OR USE STAMP)

TITLE

DATE